## **CANDIDATE / OFFICEHOLDER** CAMPAIGN FINANCE REPORT

## FORM C/OH

OAMITAIC	IN THANGE KEFOKT		COVER SHEET PG T
The C/OH Instruction	Guide explains how to complete this form.	ACCOUNT# (Ethics Commission filers)	2 Total pages filed:
3 CANDIDATE / OFFICEHOLDER	MS/MRS(MR) FIRST	МІ	OFFICE USE ONLY
NAME	NICKNAME RICIC LAST	SUFFIX	- Date Received
	Brown		
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address	ADDRESS / PO BOX; APT/SUITE #; CITY; 13510 COUNTRY LA TOM!	ball, TX 77375	Date Hand-delivered or Date Postmarked
5 CANDIDATE/	AREA CODE PHONE NUMBER	EXTENSION	
OFFICEHOLDER PHONE	(281) 686-0412		Receipt # Amount
6 CAMPAIGN TREASURER NAME	MS (MRS) MR FIRST  Karen  NICKNAME LAST	R SUFFIX	Date Processed  Date Imaged
	Brown	SOFFIX	
7 CAMPAIGN TREASURER ADDRESS (Residence or business)	STREET ADDRESS (NO PO BOX PLEASE); APT/SUITE #; 13510 Country Ln Tomba	,	ZIP CODE
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER (713) 501-6282	EXTENSION	
9 REPORTTYPE	January 15 30th day before election	Runoff	15th day after campaign treasurer appointment (officeholder only)
	July 15 ath day before election	Exceeded \$500 limit	Final report (Attach C/OH - FR)
10 PERIOD COVERED	Month Day Year  1 / 29 / 10  THROUGH	3 / 31	Year / 1 0
11 ELECTION	BLECTION DATE Month Day Year  5 / 8 / 1 O Primary	Runoff	General Special
12 OFFICE	OFFICE HELD (If any) NONE	13 OFFICE SOUGHT (IT KNOWN	il Pos.#3
14 NOTICE OF DIRECT CAMPAIGN EXPENDITURE	<ul> <li>Direct campaign expenditures are campaign expended</li> <li>Candidates are required to disclose this information of</li> </ul>	nditures made by others without only if they receive notification of	the candidate's prior consent or approval.  the direct campaign expenditure. ••
BY OTHER INDIVIDUALS	Name		
additional pages	Address / PO Box; Apt. / Suite #; City; State; Zip Co	ode	
	GO TO PA	GE 2	

## **CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS**

FORM C/OH COVER SHEET PG 2

15 C/OH NAME R	ICIK Brow			16 /	NCCO		(Ethics Comm	nission Filers)
17 NOTICE FROM POLITICAL	This box is for notice of political contributions accepted or political expenditures made by political committees to support the candidate / officeholder. These expenditures may have been made without the candidate's or officeholder's knowledge or consent.  Candidates and officeholders are required to report this information only if they receive notice of such expenditures.							
COMMITTEE(S)	COMMITTEE TYPE	COMMITTEE NAME						
	GENERAL	COMMITTEE ADDRESS	***************************************			·		
	SPECIFIC							
additional pages		COMMITTEE CAMPAIGN TREA	SURER NAME					
		COMMITTEE CAMPAIGN TREA	SURER ADDRESS				-	
18 CONTRIBUTION TOTALS			NS OF \$50 OR LESS (OTHER EES OF LOANS), UNLESS IT		\$		aoo	0
		POLITICAL CONTRIB THAN PLEDGES, LOANS,	<b>UTIONS</b> , OR GUARANTEES OF LOAN	<b>1</b> S)	\$	40	8000	
EXPENDITURE TOTALS	3. TOTAL F	OLITICAL EXPENDITURE	S OF \$50 OR LESS, UNLESS	ITEMIZED	\$	_	0 -	
	4. TOTAL	POLITICAL EXPENDIT	TURES		\$	38	51.59	5
CONTRIBUTION BALANCE		OLITICAL CONTRIBUTION ORTING PERIOD	NS MAINTAINED AS OF THE	LAST DAY	\$	a	28.49	5
OUTSTANDING LOAN TOTALS	6. TOTAL P LAST DA	RINCIPAL AMOUNT OF A Y OF THE REPORTING P	LL OUTSTANDING LOANS A ERIOD	S OF THE	\$	-	0 -	
19 AFFIDAVIT		· · · · · · · · · · · · · · · · · · ·						
			I swear, or affirm, under per	alty of perior	rv that	t the ac	ccompanyin	a report
20000000000	0000000000000	000	is true and correct and inclu					
BETSY B. GATES me under Title 15, Election Code.								
Notary Public, State of Texas								
My Commission Expires 03-09-2011								
0,000,000,000,000,000,000								
AFFIX NOTARY STAMP / SEAL ABOVE								
DICH RODDNI								
of APRIL . 20	10		nand and seal of office.	, tł	nis th	e'	<u> </u>	_ day
Roto, R	Latin	BETTEN A	COTES	ASS IS	7.0	~ <del>7</del> 74	1580	DEIM
Signature of officer adn	ninistering oath	Printed name of off	icer administering oath	Title of	office:	- l.l.	istoring oot	h HOUTH

## POLITICAL CONTRIBUTIONS SCHEDULE A OTHER THAN PLEDGES OR LOANS 1 Total pages Schedule A: The Instruction Guide explains how to complete this form. 2 FILER NAME RICK Brown 3 ACCOUNT # (Ethics Commission filers) 7 Amount of 8 In-kind contribution contribution (\$) Karen Brown description (if applicable) 2-17-10 60.00 13510 Country Ln Tomball, TX 77375 (If travel outside of Texas, complete Schedule T) 9 Principal occupation / Job title (See Instructions) 10 Employer (See Instructions) Full name of contributor In-kind contribution Amount of contribution (\$) description (if applicable) Mitchell Cappadona Contributor address: City: State: Zip Code 1,000.00 2-22-10 12727 Zion Rd Tomball, TX 77375 Employer (See Instructions) Mich-West Electric Co. Principal occupation / Job title (See Instructions) Business Owner Full name of contributor ut-of-state PAC (IDIR. Amount of In-kind contribution contribution (\$) description (if applicable) Jeffie Cappadona Contributor address; City; State; Zip Code 2-22-10 1,000,00 12727 Zion Rd. Tomball, TX 77375 Principal occupation / Job title (See Instructions) Employer (See Instructions) Homemaker aut-of-state PAC (IDII: Amount of In-kind contribution contribution (\$) description (if applicable) Sarah Stotts 12711 Zion Ra Tomball, TX 77375 1,000,00 (If travel outside of Texas, complete Schedule T) Employer (See Instructions) Mid- West Electric Co Principal occupation / Job title (See Instructions) ASSISTANT OFFICE Manager Amount of In-kind contribution description (if applicable) contribution (\$) Travis Stotts 2-22-10 12711 Zion Rd Tomball, TX 77375 Employer (See Instructions) Principal occupation / Job title (See Instructions) Counter Sales Manager ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED If contributor is out-of-state PAC, please see instruction guide foradditional reporting requirements.

POLITICAL EXPENDITURES			SCHEDULE F			
The Instruction Guide explains how to complete this form.			1 Total pages	1 Total pages Schedule F:		
2 FILER NAME	RickBrown		3 ACCOUNT # (Ethics Commission filers)  W.A.			
2-17-10	AD-mirations 6 Payor address: City: State: Zip Code 31427 Bearing Star Ln Tomb	mll,TX 7737	5	7 Amount (\$)		
required.)	ment (See instructions regarding type of information  (I) CICC (See instructions regarding type of information in the complete Schedule T)	9   Complete if di  Candidate / Officeholder i		to benefit C/OH ↔ Office cought Office held		
2-19-10	Payee name  KWIK Kopy Printing  Payee address; City; State; Zip Code  1215-5 West Main St. Ton	#555 Nballitx 773	 75	Arrount (8) 448 14		
required.)	ment (See instructions regarding type of information  (inting of Texas, complete Schedule T)	•• Complete if di Candidate / Officeholder		to benefit C/OH Office sought Office held		
2-24-10	Peyod address; City: States: Zip Code 1215-5 West Main St. Tom	555 Jouli,TX 773	15	730 <sup>22</sup>		
required.)	ment (See Instructions regarding type of information  Pinting 4 Postage  Ide of Taxes, complete Schedule 1)	↔ Complete if d Candidate / Officeholder	•	to benefit C/OH Office saught Office held		
2-26-10	Payoe name AD-mirations Payoe address; City; State; Zip Code 31427 Bearing Star Ln. Tor	nball, TX 77	315	Amount (8)		
required.)	ing n stackes  ign stackes  ign stackes	→ Complete if d Candidate / Officeholder		to benefit C/OH Office sought Office held		
ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED						

POLITIC	CAL EXPENDITURES		357	SCHEDU	LEF	
The instruction Guide explains how to complete this form.			1 Total pages	Total pages Schedule F:		
2 FILER NAME	RICK Brown		3 ACCOUNT # (Ethics Commission filers)			
4 Date 2-27-10	Farget  G Payee address: City; State; Zip Code  14302 FM 2920 Tomboa	MTX 77375	5	7 Amount (5)		
required.)	ment (See instructions regarding type of information  M'S Candy  e of Texas, complete Schedule T)	9 •• Complete if di Candidate / Officeholder r		to benefit C/OH Office sought	Office held	
3-1-10	Payee name AD-mirations Payee address; City: State; Zip Code 31427 Bearing Star Ln To	mball,TX7	1375	Amount (8)		
required.)	ment (See instructions regarding type of information  3 n 5+akes  of Texas, complete Schedule T)	Complete if di Candidate / Officeholder r		to benefit C/OH ·· Office sought	Office held	
Date 3-2-10	Payor name Tomball Magnolia Tri Payor address; City: State; Zip Code 517 West Main St. Tomb		376	Amount (8)		
	ment (See instructions regarding type of information  LOS  Ide of Texas, complete Schedule T)	↔ Complete if di Candidate / Officeholder (	The second secon	to benefit C/OH Office sought	Office held	
3-3-10	Personame KWik Kopy Printing: Person address: City: State: Zposodo 1215-5 West Main St. Tor		375	4mount (8)		
required.)	Tinting  of Texas, complete Schedule 1)	⇔ Complete if di Cendidete / Officeholder i	and the state of t	to benefit C/OH Office sough!	Office held	
ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED						

1-800-325-8506

POLITICAL EXPENDITURES SCHEDULE F				
The Instruction Guide exptains how to complete this form.			1 Total pages 9	chedula F:
2 FILER NAME	RICK Brown		3 ACCOUNT#	(Ethics Commission flurs)
3-5-10	AD-mirations  Bearing Star Ln T	omball,TX 7	7375	108 <u>25</u>
required.)	ment (See instructions regarding type of information  19 n Stakes  of Taxes, complete Schedule T)	9   → Complete if di Candidate / Officeholder r	rect expenditure to name O	o benefit C/OH Mine sought Office held
3-15-10	Payee name  KWIK KOPY Printing  Payee address; City: State; Zip Code  1215-5 West Main St. T	#555 omball,TX	17375	Armount (S)
required.)	ment (See instructions regarding type of information  Orinting  of Texas, complete Schedule T)		rect expenditure to name O	o benefit C/OH ↔ Office sought Office held
3-16-10	Payoe name  KWIK KODY Printing  Payoe address; City: State: Zip Code  1215-5 West Main St. To		1375	Amount (8)
required.)	ment (See instructions regarding type of information  Finting + postage  de of Texas, complete Schedule 7)	⇔ Complete if di Candidate / Officeholder d	irect expenditure to name O	o benedit C/OH Milos saught Office held
3-17-10	Payee name  KWIK KOPY Printing  Payee address; City: State; Zip Code  12 15-5 West Main St. T	j.#555 omball,TX	17375	21867
required.)	ment (See instructions regarding type of information  (Intino)  of Tunns, complete Schedule T)	Candidate / Officeholder		o benefit C/OH Office sought Office held
ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED				

POLITICAL EXPENDITURES SCHEDULE F					
The Instruction Guide explains how to complete this form.			Schedule F:		
2 FILER NAME	Rick Brown		3 ACCOUNT	INT# (Ethics Commission filers)	
4 Date 3-18-10	8 Payoe name Kleins Food & Pharm 6 Payoe address: City; State; Zip Code 1200 W. Main Tomball,	racy TX 77375		7 Amount (5)	
required.)	ment (See instructions regarding type of information  (EShmen+S  e of Texas, complete Schedule T)	9   → Complete if di  Candidate / Officeholder	Annual Control of the	to benefit C/OH •• Office sought Office held	
2-22-10	Payon name  Aush Productions  Payon address; City; State; Zip Code  23802 Fm 2978 Ste A-1  Tomball, TX 77375			1,055.34	
required.)	ment (See instructions regarding type of information  1 519 15  of Texas, complete Schedule T)	Complete if d Candidate / Officeholder		to benefit C/OH ↔ Office sought Office held	
3-24-10	Peyce name  KWIK Kopy Printing # 5  Peyce address; City: State: Zip Code  1215-5 West Main St. To		737S	Amount (8)	
Prin	ment (See instructions regarding type of information  Ling  Ide of Texas, complete Schedule 1)	→ Complete if d Candidate / Officeholder		to benefit C/OH ↔ Office sought Office held	
3-26-10	Payee name  KWIK Kopy Printing #  Payee address; City: State: Zip Code  1215-5 West Main St. To	555 mball <sub>i</sub> Tx 77	1375	Armount (8) 5   09	
Purpose of payment (See instructions regarding type of information required.)  Printing  (If travel outside of Texas, complete Schedule T)					
ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED					